

MoDOT/MSHP Medicare Supplement Plan Summary of Benefits

Effective January 1, 2010

Listed below is a partial outline of coverage under the MoDOT/MSHP Summary Plan Document (SPD). This summary should not be relied upon to fully determine coverage. See the MoDOT/MSHP SPD for applicable limits and exclusions to coverage for health services. If differences exist between this summary of benefits and the SPD, the SPD governs.

Benefit	MEDICARE SUPPLEMENT PLAN Available Nationwide		
	Medicare Assigned Claims	Medicare Non-Assigned Claims	Medicare Non-Covered Claims For Services That The Plan Covers
	Member's Responsibility		
Individual Deductible per CY	\$350	\$350	\$350
Coinsurance	0%	0%	20%
Individual Out-of-Pocket Maximum per CY	\$0	\$0	\$1,650
Lifetime Maximum	Unlimited	Unlimited	Unlimited
Pharmacy Benefit - Available Through Participating Pharmacies Only			
Individual Deductible per CY	\$100		
Generic	30% coinsurance after deductible per calendar year at retail and mail order pharmacy with \$5 minimum copayment.		
Brand	If a generic is available: 50% coinsurance of brand drug's cost (after deductible) per calendar year at retail and mail order pharmacy with \$5 minimum copayment. If no generic is available: 30% coinsurance (after deductible) per calendar year at retail and mail order pharmacy with \$5 minimum copayment.		
Catastrophic Copayment Level per calendar year	Once an individual reaches \$4,550 of out-of-pocket expense the cost sharing will be reduced to the greater of 5% coinsurance or \$2.50 copayment for generics and \$6.30 copayment for brands.		